

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 149
Registered No. 84

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Theodore Corn

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other ✓ 5. No., in order of birth. ✓ 6. Legitimate? yes 7. Date of birth Apr. 12, 1927
Month Day Year

8. FATHER
Full name Frank Corn

14. MOTHER
Full maiden name Myrtle Forest

9. Residence
(Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

15. Residence
(Usual place of abode) Globe, Arizona
If non-resident, give place and state.

10. Color or race white

16. Color or race white

11. Age at last birthday 40 (Years)

17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Lincoln County, New Mexico
(State or country)

18. Birthplace (city or place) Los Vegas, New Mexico
(State or country)

13. Occupation
Nature of industry miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother six
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living five
(b) Born alive but now dead one
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:45 p.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. S. Harper
(Physician or midwife.)

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filled 4-30, 1927 W. St. Horst
Registrar Registrar

335-412-463

and the number, each in
order of birth stated.